

Greater Nashua Community Health Assessment Focus Group Summary Report

Submitted To:

City of Nashua
Division of Public Health and Community Services

Submitted By:

Martha Bradley, MS
Shasta Jorgensen, MPH
Katherine Robert, MPA
Community Health Institute
May 2014



Greater Nashua Community Health Assessment

Focus Group Summary Report

Table of Contents

Introduction.....	1
Methods	1
Approach	1
Research Objectives and Protocol	2
Limitations.....	2
Quantitative Findings	3
Qualitative Findings	6
Next Steps.....	10
Attachments	11
Oral Health Professionals	
Aging Population Professionals	
Youth Behavioral Health Professionals	
Milford	
Merrimack	
Hudson	
Nashua	



Introduction

In September 2011, the City of Nashua, Division of Public Health and Community Services (DPHCS) completed the first Community Health Assessment (CHA) in over a decade, a critical step in addressing the strategic health goals of the community. By completing the assessment, the community moved one step forward in a comprehensive process for ongoing public health improvement in the greater Nashua region. The next step, creating the Community Health Improvement Plan, began in December 2011 and was published in December 2012. The CHIP outlined the goals, objectives and strategies for various interventions aimed at reducing obesity, improving access to health care and mental health; the top three health priorities for the greater Nashua region that were identified in the CHA. The DPHCS is now in the process of conducting the 2014 CHA and has partnered with a 21 member Advisory Board to collect data and publish a completed report which will be released in September 2014. As part of this assessment, the DPHCS and Advisory Board wanted to collect qualitative data from residents in the City of Nashua and the twelve surrounding towns of Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Pelham and Wilton to enhance the data that was collected in the 2011 CHA, which was mostly quantitative data. This project was funded by St. Joseph Hospital and Southern New Hampshire Health System.

The Community Health Institute (CHI), the NH office of JSI Research and Training Institute, Inc., was contracted by the DPHCS to assist with the design, facilitation and analysis of ten focus groups as part of their qualitative research for the CHA. Focus group discussions were audio recorded, with permission of the participants, then summarized. This report is the full analysis of the quantitative pre-survey data, as well as the qualitative discussions. The project team included Martha Bradley, MS, Shasta Jorgensen, MPH, and Katie Robert, MPA. DPHCS staff facilitated the recruitment and promotion of the focus groups to residents, key leaders and healthcare providers in the region and coordinated the location, food and incentives for the focus groups.

Methods

Approach

CHI facilitated ten focus groups in March and April 2014 with a total of 104 participants. The Community Health Assessment Advisory Board sought participation from a broad and diverse cross-section of the community, and decided upon a focus group approach consisting of three topic-specific focus groups with professionals that target oral health, the aging population, and youth behavioral health. Additionally, seven focus groups were scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and healthcare providers. While it was the intention of DPHCS to conduct separate regional focus groups with key leaders/providers and residents, the Hudson and Merrimack focus groups were a mixture of both populations. Focus groups scheduled in Milford, Merrimack and Hudson gathered input from residents, key leaders and healthcare providers living and working in those towns, as well as the twelve surrounding towns in the region.

Table 1: Scheduled Focus Groups (Total: 104 participants)

Target Audience	Location	# Attend
Oral Health Professionals	St. Joseph Hospital	8
Aging Population Professionals	Dartmouth Hitchcock Nashua	14
Youth Behavioral Health Professionals	Southern New Hampshire Medical Center	10
Milford – Combined Group	SHARE Outreach, Inc.	12
Milford - Healthcare Professionals & Key Leaders	SHARE Outreach, Inc.	12
Merrimack – Combined Group #1	St. James' United Methodist Church	15
Merrimack – Combined Group #2	St. James' United Methodist Church	12
Hudson – Combined Group	Rodgers Memorial Library	2
Nashua Residents – South	Nashua High School South	16
Nashua Residents – North	Nashua High School North	3

Research Objectives and Protocol

CHI worked with the DPHCS to develop the focus group objectives, questions and script to identify and prioritize the health issues in the region. Additionally, the assessment identified the current resources in the community and the resources that are needed to address the top health issues identified. These findings will inform strategies in the community health improvement plan to develop interventions that are targeted in the clinical and community settings. Specifically, the focus group objectives were to:

- Identify the most pressing health concerns impacting the greater Nashua region
- Identify available resources to improve these health concerns
- Identify the resources that are still needed to improve these health concerns

The first part of the focus group discussions identified the top health concerns for the community or for the topic-specific groups. To start the conversation, the facilitator asked the groups to participate in an exercise designed to quickly brainstorm the top health concerns. Participants were each given three sticky notes and asked to write one health issue or concern on each sticky note. The participants were specifically asked:



What do you perceive as the most urgent health issues affecting the community?

The facilitator gathered all of the sticky notes, read each note out loud and asked for clarification if needed. The sticky notes were then put into categories to group all the similar responses together. For example, sticky notes referencing transportation were put under a transportation category.

The group was then asked the following question:



Why do you think these health issues are important?

Next, the participants were asked to talk about the efforts in the community that were addressing each of the identified health issues. Participants shared their experience and knowledge about the resources that are available to meet these needs in the region.



What resources currently exist in this community to address this health concern?

The last part of the discussion explored suggestions or recommendations to improve the health of the region. The facilitator asked the groups to consider what should be done to improve the health issue.



What additional resources do the programs or providers serving this area need to better serve the community?

For more detail on each discussion, please refer to the focus group summaries in the attachment section of this report.

Limitations

As with all focus groups, there were limitations. The focus groups are a snapshot of the experiences, attitudes and beliefs of the participants and cannot be generalized to the entire population. Conclusions can be drawn about the targeted groups but cannot be generalized to the entire population or cultural or ethnic sub-groups. The recruitment for the focus groups was a convenience sample or a purposeful sample, and participants were

not randomly chosen to participate. The community participants were recruited through newspaper advertisements and flyers (convenience sample) and professionals were identified by the advisory group and personally invited (purposeful sample). These participants may, in some way, be different from the general population as they were personally motivated to attend the discussion. Incentives were not advertised for the focus group but gift cards and bags with informational brochures were provided to participants.

Analysis

The analysis of the quantitative and qualitative data collected throughout the focus group process is presented below. Data sources include a survey that was completed by participants at the beginning of each focus group, as well as actual focus group discussion. An evaluation form was also completed by the participants but this information is not summarized in this report.

Quantitative Findings

At the beginning of each focus group, participants completed a survey, which included several general perception questions about the overall health of the community and included questions on the availability of health services in the region.

Resident / Healthcare Provider / Key Leader Focus Groups

As shown in Table 2, all participants rated the health of the community as very healthy, healthy or unhealthy and none of the participants rated the community as very unhealthy. Seventy-eight percent of the regional participants rated their communities as healthy, 19% rated their communities as unhealthy and 3% rated their communities as very healthy. Fifty-seven percent of the Nashua participants rated their community as healthy and 43% rated their community as unhealthy. The top three priority health issues identified by participants in Nashua were Mental Health/ Substance Misuse (29%), Obesity/ Nutrition (29%), and Access to Care (24%). Regional participants reported Mental Health/ Substance Misuse (43%) as their top priority issue followed by Access to Care (20%) and Obesity/ Nutrition (20%) and 18% accounted for other health issues (Table 3).

Table 2: How would you rate the health of the Greater Nashua community?	Nashua Participants (N=14)	Regional Participants (N=37)
Very Healthy	0%	3%
Healthy	57%	78%
Unhealthy	43%	19%
Very Unhealthy	0%	0%

Table 3: What one health issue would you fix in order to make the community a healthier place to live?	Nashua Participants (N=17)	Regional Participants (N=40)
Mental Health/Substance Use	29%	43%
Obesity/Nutrition	29%	20%
Access to Care	24%	20%
Other	18%	18%

Focus group participants also ranked how well they perceived the community's availability of services (Table 4). Based on the average scores across participants, each service category was ranked from 1 to 12 (1=best; 12=worst). While there is similarity in many categories, Nashua and regional participants vary more significantly in their opinion of how well the community provides various services. For example, the Nashua participants ranked providing interpretation services for non-English speakers as a 1 but regional participants

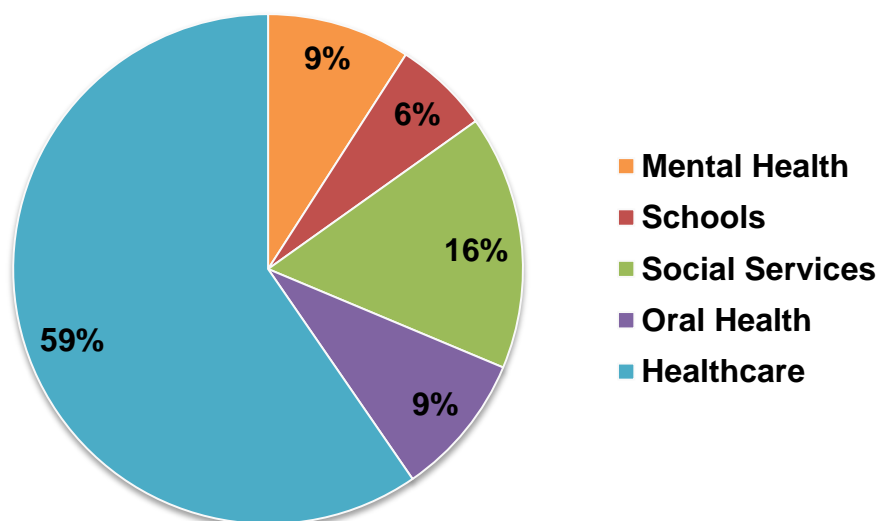
Table 4: Ranking of how well health services are provided	Nashua Participants	Regional Participants
	#Rank 1=best	# Rank 1=best
Provides interpretation services for non-English speakers	1	12
Promotes regular physical activity	2	1
Provides access to transportation throughout community	3	7
Promotes healthy weight & good nutrition	4	5
Prevents childhood obesity	5	11
Promotes healthy environments	6	3
Makes available quality health care	7	2
Prevents & reduces alcohol use	8	8
Makes available quality dental care	9	6
Promotes mental health & well-being	10	10
Prevents & reduces tobacco use	11	4
Prevents & reduces drug use	12	9

ranked it as a 12. Differences are also noted (shaded in light blue) in the ranking for preventing childhood obesity, providing quality health care and reducing tobacco use (Table 4).

Topic-based Focus Groups

Of the 32 professionals working in the areas of oral health, aging, and youth behavioral health that participated in the three topic-specific focus groups held in Nashua, 29 (91%) participants completed the survey. Chart 1 illustrates the participation by sector - almost 60% of participants represented healthcare, 16% were from various social service agencies, 9% were from the mental health and oral health fields and 6% were from schools.

Chart 1. Topic Based Focus Group Participants by Sector (n=29)



Tables 5, 6, and 7 represent the ranking of concerns from participants in each topic-specific focus group – oral health, aging and youth behavioral health. Affordability rose to the top for both the oral health focus group and the aging population focus group, while the availability of care for low-cost health services scored the highest for youth behavioral health.

Table 5: Ranking of Oral Health Concerns (1=greatest concern)	# Rank
Affordability of dental coverage	1
Knowledge of low-cost dental services	2 (tied)
Access to oral surgeons or specialists	2 (tied)
Transportation to appointments	4
Availability of low-cost dental services	5
Access to emergency dental care due to deferred oral health maintenance	6
Practicing routine oral health care (e.g. brushing teeth and flossing)	7
Access to low-cost dentures	8
Access to timely appointments	9

Table 6: Ranking of Aging Population Concerns (1=greatest concern)	# Rank
Affordability of health care services	1
Knowledge of low-cost health care services	2 (tied)
Advanced or end-of-life care planning	2 (tied)
Transportation to appointments	4
Availability of low-cost dental services	5
Access to low-cost dentures	6 (tied)
Access to timely appointments	6 (tied)
Affordability of durable medical equipment	8
Timely access to durable medical equipment	9 (tied)
Access to support groups for health conditions (e.g. diabetes)	9 (tied)
Accessing the shingles vaccine (Zostavax)	11

Table 7: Ranking of Youth Behavioral Health Concerns (1=greatest concern)	# Rank
Availability of appointments for low-cost behavioral health services	1
Access to residential programs that treat behavioral health or substance misuse	2
Affordability of behavioral health services	3 (tied)
Access to prescriptions used to treat behavioral health issues	3 (tied)
Access to emergency treatment for behavioral health or substance misuse	3 (tied)
Access to support groups for youth with behavioral health issues	3 (tied)
Access to support groups for parents/family/guardians of youth with behavioral health issues	3 (tied)
Knowledge of low-cost behavioral health services	8
Transportation to appointments	9

Qualitative Findings

This section of the report is a summary of the discussions across the various focus groups. For detailed findings from each group including the concerns and identified opportunities and recommended resources, please see the focus group summaries in the attachment section. Similar themes and categories were repeated in the groups, suggesting consensus among participants from the focus groups.

In each resident and key leader focus group discussion, participants were asked to share their top three health concerns. Mental health and substance misuse outweighed other priority issues across the majority of focus groups, followed by access to and coordination of care, opportunities for healthy living, and transportation. Issues related to access to and coordination of care were the most significant issues in the topic-specific groups. Oral health professionals, youth behavioral health professionals and aging professionals identified gaps relating to access and coordination of care that impact the health of their populations.

Mental Health and Substance Misuse

The issue of greatest concern impacting the health of the community is access to mental health services and substance misuse. Multiple participants including parents, law enforcement officers, representatives from the schools, counselors, healthcare providers, and representatives from social service agencies, expressed significant concern about the complex barriers of accessing mental health and substance misuse services in the region. While these are two separate public health concerns, participants often talked about these issues simultaneously.

Focus group participants described many challenges individuals face when coordinating services and treatment for behavioral health and substance misuse. Focus group participants cited the following challenges for both children and adults:

- Scarcity of mental health professionals, especially psychiatrists, for patient assessments and medication management
- High deductibles and limited health insurance coverage
- Difficulty getting a timely appointment
- Difficulty getting appointments in the evenings and weekends
- Shortage of inpatient beds and treatment beds
- Social stigma: lack of understanding about mental illness and substance misuse
- Lack of behavioral health integration in the primary care setting
- High cost of treatment
- Lack of continued coordination of care for patients leaving inpatient services
- Prescription drug misuse leading to misuse of other drugs

Participants feel that the mental health and substance misuse system is poorly funded and that the closing of inpatient units at local hospitals, the shrinking number of substance misuse beds, and the limited number of psychiatrists in the region are contributing to the problem. Participants in the Milford groups said it is easier to access counseling services in their area than it is to access the services of a psychiatrist.

The participants in both the community groups and the youth behavioral health group identified the lack of accessible counseling services and medication management as the greatest challenges in the Nashua region. Overall, participants felt individuals are not able to easily access mental health or substance misuse services in

a timely manner and are not able to get services until they are in a crisis situation. For some individuals, this often means they are not getting help until they have an encounter with law enforcement and are directed to services. Participants discussed situations where individuals with either very low income or inadequate health insurance coverage are seeking treatment in the emergency department because they do not have access to adequate services in the outpatient setting or need additional medical care that requires hospitalization. Although the state has a psychiatric hospital in Concord, the number of beds is limited and it can be very difficult to access those beds. Participants expressed concern that the emergency departments do not have the staffing or a dedicated facility to care for individuals in this situation. Several participants across many of the focus groups suggested having mental health providers on call at the emergency department to help alleviate this issue. A program centered on this concept was recently started at Southern New Hampshire Medical Center and St. Joseph Hospital.

Participants in the professional and public groups, as well as the youth behavioral health group, explored the concern regarding the lack of care coordination for hospitalized patients once they are discharged. It was mentioned that youth return to school without any communication with staff about their hospitalization or mental health emergency and without a follow-up appointment with their healthcare provider. Likewise, participants shared that adults are also being discharged from the hospital without a follow-up appointment to a community counselor or healthcare provider.

Healthcare providers expressed concern about the scarcity of mental health professionals in the area. Four primary care providers from various groups touched on this issue and stated they struggle to find mental health providers to provide professional consultation. The healthcare providers said they could expand the capacity of their practice to provide medication management to their patients for anxiety, ADHD and depression but they prefer to send their patients with more complex conditions to a specialist for treatment.

Another concern identified in the youth behavioral health group was confusion or lack of clarity about local providers' referral and intake policies. One example they shared was that in order for their clients to be seen by a psychiatrist at another practice, they must transfer their client to that practice which interrupts the continuity of care, creates waiting lists, and generates obstacles for patients already having difficulty managing their daily activities.

The issue of prescription drug misuse came up frequently among professionals and the residents in the focus groups. Participants raised concern about the access to prescription medications as a convenient source of substance misuse, especially for teenagers.

Most participants stated the prevention efforts of the schools, the local prevention coalitions, and the resource officers at the schools were having a positive

impact on students and their families. Participants feel good about the efforts the schools are making to bring community counseling services into the school building(s); making it easier for youth to get the help they need.

Participants mentioned the following resources that are available in the community: National Alliance on Mental Illness (NAMI) in Nashua, the emergency departments at Southern New Hampshire Medical Center and St.

“Mental illness is not like having diabetes. It makes you feel like you did something wrong. It is harder than other illnesses in that way.”

“All addictions are a mental health issue.”

“The approach in the community is to treat them and ‘street’ them.”

Joseph Hospital, Keystone Hall, Harbor Homes, Greater Nashua Mental Health Center, Lamprey Health Care – Nashua Center, and Southern New Hampshire Services.

Access to and Coordination of Care

Among all the focus groups there was agreement that access to and coordination of care is a major issue impacting the health and well-being of residents in the region. The broad theme of access to and coordination of care resonated in every focus group. Healthcare providers and community members recognized the importance of getting the right care at the right time as well as the impact of coordination on the cost and quality of care. Participants feel the systems for mental health, substance misuse, oral health and elder care are fragmented and function without collaboration, causing poor coordination of care for residents.

Focus group participants cited the following barriers to access and coordination of care:

- Difficulty accessing providers in a timely manner; especially specialists (i.e. oral surgeons, psychiatrists for medication management, evaluation and treatment plans, mental health counseling).
- Coordination of care between healthcare providers and follow-up for individuals with chronic conditions
- Cost of care (i.e. high co-payments, deductibles, lack of insurance or high cost of insurance)
- Lack of public transportation from surrounding towns to doctor appointments for all residents – not just the elderly and people with disabilities
- Need for more flexible hours for appointments during the evenings and weekends
- Caregivers' stress

For the aging population focus group, access to and coordination of care centered on the difficulties patients have navigating the healthcare system, managing complex medical conditions and handling multiple medications. This population faces many societal challenges that impact their health including housing, nutrition, medication adherence, using technology and health literacy. Participants mentioned the growing need for services to support individuals so they can “age-in-place” without needing to enter a long term care facility. Seniors without access to transitional support (home modification programs, food/nutrition support, and in-home assistance) may need to enter long term care facilities due to safety concerns and complex medical conditions.

Another topic around coordination of care, specific to the aging population, was caregiver stress. The overall well-being of caregivers who care for seniors, the disabled and sick family members is often overlooked. The stress of caring for a loved one has a great impact on the health and productivity of caregivers, which not only affects the individual, but also impacts their employers. The aging focus group participants recognized a growing awareness of this issue, and said that local employers are beginning to respond to employees experiencing caregiver stresses. Some employers are providing support programs. However, the issue still needs more attention. Participants also discussed the importance of caregiver infrastructure being integrated into a care plan for seniors being discharged into the community.

Access to and coordination of care was a top concern for professionals in the oral health group as well. They were concerned with the high cost of care, lack of insurance coverage for a large number of adults and children and lack of specialty care. They mentioned the availability of preventative care, such as cleanings, is more readily accessible but access to specialty care was a greater challenge, especially if the individual does not have insurance. Programs in the school, the Greater Nashua Dental Connection and the Veterans Affairs

all provide various levels of oral health care to eligible clients. Participants also felt there was a need to provide additional information to parents of young children on the importance of routine oral health care, such as brushing and flossing. They expressed concern that many families lack the knowledge and resources to prevent tooth decay.

Participants discussed the need for a resource that could help them identify community resources such as: youth empowerment opportunities, support for eating disorders, and a listing of available counselors. Participants mentioned New Hampshire 2-1-1 and ServiceLink as helpful resources for accessing information about existing community resources. Although these services are available, participants stressed the need for an enhanced version of this concept where individuals can receive one-on-one case management-style assistance sorting through their various needs and helping to find providers that can meet their specific needs in a cost effective way.

The following quotes from four different focus groups illustrate the range of concerns regarding coordination of care.

“Care coordination is important. We need to know the background of providers, we need to know where to go for the best care for our problem and not waste time and money.”

“As a nurse I look over everything and I write to the docs if I notice patients have too many medications. People are really complex by the time they get to a nursing home, not needing a simple calcium pill.”

“Sometimes I call Elderly and Adult services to coordinate care, but it is too bad things are missed along the way and it doesn’t get caught sooner.”

“For autism spectrum the wait time for an evaluation is unbelievable – by the time they get an appointment, they will be out of high school for goodness sake.”

Opportunities for Healthy Living

Having access to opportunities for healthy eating and active living was identified as another important issue to promote health in the community by participants in the professional and resident focus groups. Participants desire communities with environments that support affordable, healthy eating and active living. When they talked about this subject, they were referring to:

- Obesity rates for both children and adults
- Availability of affordable, healthy foods at grocery stores and schools
- Built environment concerns which include safe, walk able streets and neighborhoods, safe buildings, parks or green space, athletic fields, and walking trails
- Safety issues such as crime and vacant homes
- Opportunities for physical activity and recreation for all ages during all seasons

In the Nashua focus group with residents, the participants said the Nashua area has many assets that encourage active living. They talked about Mine Falls, the Nashua Heritage Rail Trail, the school and

community athletic fields, and community parks. Participants highlighted concerns about a trend of several businesses moving “outside the highway.” They said the new YMCA of Greater Nashua, Dartmouth Hitchcock-Nashua, the Employment Security office and a grocery store were formerly within walking distance of many low-income neighborhoods, but have relocated and are no longer within walking distance.

Participants acknowledged the need for more activities targeting older teens, young adults and seniors. The YMCA of Greater Nashua, Girls Inc., Boys and Girls Club of Greater Nashua, and the Nashua Police Athletic League were mentioned as having great opportunities but it was also felt that teenagers had fewer opportunities that were age appropriate.

Each of the surrounding towns in the region mentioned resources such as walking trails, school programs and athletic fields, municipal parks, farmers’ markets and community gardens. Several people mentioned the need for a resource guide that would promote the seasonal opportunities for healthy eating and active living such as summer camps, community gardens, and cooking classes. Similarly, participants mentioned the need for health education classes. There was a concern that people do not possess the skills and knowledge to prepare affordable, healthy meals.

“As a proponent of local and whole foods I would like to see medical practices link with farms and farmers markets. ”

“There is stuff out there for kids, but it costs a lot of money to have access. Do I pay my groceries and electric or put my kid in basketball?”

“Challenges are more for the elderly”

Next Steps

The focus groups highlighted the key health issues of the region as viewed by the residents, healthcare providers, social service organizations and key leaders that participated in discussion. The key issues identified in the regional focus groups, mental health/ substance abuse, access to care and coordination of care and opportunities for healthy living, are the same top health issues that were identified in the 2011 CHA. The topic specific focus groups highlights the challenges primary care providers are facing caring for youth with significant mental health conditions, caregiver stress and the need for more affordable dental services in the region. The findings from the focus groups, along with the 2014 CHA (expected to be published in September 2014) will help the DPHCS draft the next community health improvement plan (CHIP). The DPHCS will engage community partners and stakeholders to draft the CHIP and work together to make the greater Nashua region a healthier place to live, work and play.

Attachments

Focus Group Summary Sheets

- Oral Health Professionals
- Aging Population Professionals
- Youth Behavioral Health Professionals
- Milford – Key Leaders, Residents and Healthcare Providers
- Merrimack – Key Leaders, Residents and Healthcare Providers
- Hudson – Key Leaders, Residents and Healthcare Providers
- Nashua – Resident

Focus Group with Oral Health Professionals

Introduction

In the spring of 2014, the City of Nashua, Division of Public Health and Community Services (DPHCS), St. Joseph Hospital, and Southern New Hampshire Health System partnered to provide the resources needed to conduct the 2014 Greater Nashua Community Health Assessment (CHA). The 21-member CHA Advisory Group included participation from a broad and diverse cross-section of the community. In order to gather information from residents and stakeholders on health issues in the community, they decided to hold three topic-based focus groups for professionals working with specific populations (oral health, aging, and youth behavioral health), and seven focus groups scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and providers. Focus groups scheduled in Milford, Merrimack and Hudson aimed to gather input from residents living in those towns, as well as Amherst, Brookline, Hollis, Litchfield, Lyndeborough, Mason, Mont Vernon, Pelham, and Wilton.

The summary below is from the focus group held with oral health professionals on March 13, 2014 at St. Joseph Hospital in Nashua, NH. This is only a snapshot of the experiences, attitudes and beliefs of the participants of the focus group and may or may not be an accurate assessment of the services available or resources needed.

Priority Areas of Concern*

- Participants discussed the perceived lack of affordable oral health care options for low-income residents, including specialty dental care.
- Several of the participants expressed confusion about insurance coverage (both from the providers' and patients' perspective.)
- Participants perceived limited dental insurance coverage for people in the greater Nashua region.
- Participants discussed the lack of awareness of available services for children in the greater Nashua region.
- Participants discussed at length the relationship between oral health and overall health for children and parents including, but not limited to:
 - Preventive oral health care for children competes with other family requirements in a way that prevents or delays obtaining care.
 - Parents don't know where to get low cost care
 - Poor past experiences with dentists may cause barriers or delays in seeking care.
 - Untreated oral health issues can interrupt a child's ability to participate fully in school.

Overall Resources Needed

- Participants would like more funding to support specialty dental care and oral surgeons for low-income families.
- Participants see a need for increased supports for non-English speaking clients.
- Participants would like more public education about preventive care and programs available.
- Participants want to see a list of oral surgeons providing pro bono services.
- Participants perceive a need for better Medicaid coverage for adults. Medicaid covered preventive care for children is good but it is not the same for adults.
- Participants see a need for more dental clinics in the greater Nashua region.

Greater Nashua 2014 Community Health Assessment

Focus Group Summary *Oral Health*

March 13, 2014

8 Participants

Opportunities for Community Efforts

- Participants know there are available resources in the greater Nashua region; however, they want improvement in resource information promotion to the public.
- Participants would like closer communication between agencies regarding referrals and available programs.
- Participants would like to see oral health care better integrated into other types of health care.
- Participants see a need for an increased focus on educating parents on the importance of preventive care, and how oral health affects general health.

**This focus group structure followed a slightly different approach from the remaining focus groups, which did not include voting on priority topics.*

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Focus Group with Professionals Working with the Aging Population

Introduction

In the spring of 2014, the City of Nashua, Division of Public Health and Community Services (DPHCS), St. Joseph Hospital, and Southern New Hampshire Health System partnered to provide the resources needed to conduct the 2014 Greater Nashua Community Health Assessment (CHA). The 21-member CHA Advisory Group included participation from a broad and diverse cross-section of the community. In order to gather information from residents and stakeholders on health issues in the community, they decided to hold three topic-based focus groups for professionals working with specific populations (oral health, aging, and youth behavioral health), and seven focus groups scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and providers. Focus groups scheduled in Milford, Merrimack and Hudson aimed to gather input from residents living in those towns, as well as Amherst, Brookline, Hollis, Litchfield, Lyndeborough, Mason, Mont Vernon, Pelham, and Wilton.

The summary below is from the Impact of an Aging Population focus group held on March 25, 2014 at Dartmouth-Hitchcock Nashua. This is only a snapshot of the experiences, attitudes and beliefs of the participants of the focus group and may or may not be an accurate assessment of the services available or resources needed.

Priority Areas of Concern

Priority	Identified Concerns
1	Access to & Coordination of Care
2	Access to affordable medication
3	Caregiver Stress
4	Transportation
5	Disease self-management
6	Mental Health
7	Isolation
8	Housing
9	Nutrition

Priority Issue #1: Access to and Coordination of Care

- Participants were concerned with the duplication of efforts that happens in a “fragmented” health care and support system that puts people at risk of “falling through the cracks.” Participants saw a need to improve setting goals-of-care, and to ensure all providers on a case are working towards the same goal.
- Participants see a need for community resources to be better connected and coordinated with the health care agencies (i.e. housing, nutrition) to help keep elders healthy and safe.
- Participants were concerned with the lack of services to help elders “age in place.”
- Participants discussed the issue of long waiting lists for senior housing.
- Participants felt that there is an insufficient workforce to care for an increasing number of seniors in the greater Nashua region.
- Participants want to see the word “care” defined broadly across other life issues, such as aging in place, and not limited to use as a medical term.

Priority Issue #2: Access to Affordable Medication

- Participants discussed at length how drug plans are incredibly complex and difficult to understand, and the cost of medication is rising.

Greater Nashua 2014 Community Health Assessment

Focus Group
Summary
*Impact of Aging
Population*

March 25, 2014

14 Participants

- Participants see a need for medication reconciliation across providers as many patients' medication regimens are complex.
- Participants perceive a need for non-geriatric specialty providers to receive education about geriatric-specific concerns.
- Participants felt that families also need education around medication management.

Priority Issue #3: Caregiver Stress

- Participants were very concerned about the various issues faced by caregivers, such as juggling full-time work and caring for a loved one. They acknowledged the emotional and economic impact on caregivers can be very significant with the need to use sick/leave time, loss of productivity and wages at work, added stress at home.

Overall Resources Needed

- Participants would like to see a "Medicare Hospice Benefit" model in this area.
- Participants see a need for the creation of a geriatric case manager/social worker position to connect patients with both social service programs and medical care.
- Participants think it is important to increase communications between providers (medical and community-based).
- Participants want more education to providers on local resources for the aging population.
- Participants would like to see increased services to support seniors to age in place.
- Participants perceive a need for engaging more pharmacists in senior care.
- Participants suggested more community education for families and seniors about medication management, available resources and support.
- As the aging population increases, participants would like to see an increase in workforce capacity to care for seniors.
- Participants think more flexibility from funders in terms of allowing grantees to coordinate services to maximize the use of dollars.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Focus Group with Youth Behavioral Health Professionals

Introduction

In the spring of 2014, the City of Nashua, Division of Public Health and Community Services (DPHCS), St. Joseph Hospital, and Southern New Hampshire Health System partnered to provide the resources needed to conduct the 2014 Greater Nashua Community Health Assessment (CHA). The 21-member CHA Advisory Group included participation from a broad and diverse cross-section of the community. In order to gather information from residents and stakeholders on health issues in the community, they decided to hold three topic-based focus groups for professionals working with specific populations (oral health, aging, and youth behavioral health), and seven focus groups scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and providers. Focus groups scheduled in Milford, Merrimack and Hudson aimed to gather input from residents living in those towns, as well as Amherst, Brookline, Hollis, Litchfield, Lyndeborough, Mason, Mont Vernon, Pelham, and Wilton.

The summary below is from the Youth Behavioral Health focus group held on April 15, 2014 at Southern New Hampshire Medical Center in Nashua NH. This is only a snapshot of the experiences, attitudes and beliefs of the participants of the focus group and may or may not be an accurate assessment of the services available or resources needed. Most of the participants were healthcare providers and mental health professionals from the region.

Priority Areas of Concern

Priority	Identified Concerns
1	Access to & Coordination of Mental Health Services
2	Substance Abuse & Mis-Use
3	Anxiety & Depression
4	Family Involvement

Priority Health Issue #1: Access to and Coordination of Mental Health Services

- Participants felt that more services are needed in the region for youth who are dealing with mental health issues.
- All of the participants were concerned that a major barriers to receiving care is affordability. A few participants explained that clients cannot afford large co-payments and deductibles so they are choosing between counseling and medication. Another participant identified programs to help offset the cost, but said that for some people it is difficult to navigate the paperwork to receive assistance.
- Another main concern explored by participants was the length of time it takes for youth to get services. Several participants explained that long delays result in extended hospitalizations for youth, as it can be very difficult to access immediate inpatient mental health services in the greater Nashua region.
- Several participants mentioned that in the past, youth received assistance and services through a CHINS (Children in Need of Services) petition. Participants were unaware that the CHINS program has been reinstated and said, "the state eliminated the CHINS procedure which was the legal mechanism to initiate covered services. This has created a barrier in accessing covered services."
- Participants discussed concerns for youth diagnosed with autism spectrum disorders and shared that these youth face unique challenges. A couple of

Greater Nashua 2014 Community Health Assessment

Focus Group Summary Youth Behavioral Mental Health Professionals

April 14, 2014

10 Participants

participants felt that some teachers, police, and other professionals may not have training to respond effectively to this population's behaviors. Participants see a need for more education and training for professionals interacting with youth with autism spectrum disorders.

Suggested Needed Resources to Improve Health

- Inpatient resources for youth are needed. All the participants agreed that there are limited options for evaluation, counseling and treatment and these services have long waiting lists. Several participants explained that they have had to refer adolescents to programs outside the greater Nashua region or outside NH for immediate care.
- Participants feel there is a need for better coordination of care for youth leaving an inpatient facility. Several participants expressed that more follow-up with families, schools and community counselors needs to be done, when establishing outpatient care for adolescents.
- All provider participants indicated the importance of direct access to a psychologist/psychiatrist to work out a plan of care for their clients.

Priority Health Issue #2: Substance Abuse and Misuse

- Many of the participants are seeing an influx of adolescents "touting" the benefits of marijuana. A few of the participants described how the Internet is fueling the movement to legalize marijuana with misinformation geared towards youth. A number of the participants are concerned that this is creating a climate that leaves the impression that using marijuana is natural and does not have consequences.
- All of the participants agreed that a growing problem in the region is the misuse of prescription drugs by both youth and adults. They explained that they see adolescents who get addicted to their parents' prescription drugs, a problem that can lead to larger substance misuse issues.

Suggested Needed Resources to Improve Health

- The participants all agreed there are many resources available in Nashua to help with substance misuse, but they recommended more education in schools through a comprehensive health education program.
- Participants suggested a need for attitudinal change among physicians regarding prescription drug use and prescribing practices.
- A couple of the participants recommended more "Drug Take Back" programs in the greater Nashua region, including a drop-off site in Nashua, as these have been successful in other towns.

Priority Health Issue #3: Anxiety and Depression

Note: participants did not fully explore this priority due to time limitations

All of the participants agreed that in their practices they are seeing more adolescents being diagnosed with anxiety and depression than in past years. Part of the problem, the participants believe, is bombardment of digital interaction on the Internet, for example cyber-bullying, especially on social media websites. Another issue the participants explored was the lack of understanding regarding mental health issues. They said there is a stigma attached to having mental health issues, seeking professional help, and to getting services. The concern about stigma may lead parents not to seek help for their child at the first signs of trouble. Participants recommend more mental health outreach and education for parents.

Greater Nashua 2014 Community Health Assessment

**Focus Group
Summary**
*Youth Behavioral
Mental Health
Professionals*

April 14, 2014

10 Participants

Priority Health Issue #4: Family Involvement

Note: participants did not fully explore this priority due to time limitations

Many of the participants expressed hope that the three priority health issues already identified above could be positively impacted if family supports were improved. Focus group participants explained that this is not just a parental issue but a community-wide issue that could be addressed by offering free community programs, such as parent support groups or parenting workshops on a wide range of subjects to help parents navigate raising a strong, healthy and happy child. Also, the group agreed that it would be helpful if community leaders encouraged more employers to provide more flexibility in the workplace, such as offering flex-time, so parents have the flexibility to be with a child in-need, without the risk of losing their job.

**City of Nashua,
Division of Public
Health and
Community
Services**

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Focus Group with Professionals and Residents in Milford

Introduction

In the spring of 2014, the City of Nashua, Division of Public Health and Community Services (DPHCS), St. Joseph Hospital, and Southern New Hampshire Health System partnered to provide the resources needed to conduct the 2014 Greater Nashua Community Health Assessment (CHA). The 21-member CHA Advisory Group included participation from a broad and diverse cross-section of the community. In order to gather information from residents and stakeholders on health issues in the community, they decided to hold three topic-based focus groups for professionals working with specific populations (oral health, aging, and youth behavioral health), and seven focus groups scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and providers. Focus groups scheduled in Milford, Merrimack and Hudson aimed to gather input from residents living in those towns, as well as Amherst, Brookline, Hollis, Litchfield, Lyndeborough, Mason, Mont Vernon, Pelham, and Wilton.

The summary below is from two focus groups with professionals and residents from the area on April 2, 2014 at the SHARE Outreach office in Milford, NH. This is only a snapshot of the experiences, attitudes and beliefs of the participants of the focus group and may or may not be an accurate assessment of the services available or resources needed. Most of the participants were residents, healthcare providers and key leaders from the region.

Priority Areas of Concern

Priority	Identified Concerns
1	Access to & Coordination of Care
2	Substance Abuse & Mental Health
3	Opportunities for Healthy Living
4	Transportation
5	Prevention/Community Programs
6	Oral Health
7	Homelessness
8	Eldercare & Care Giver Support

Priority Health Issue #1: Access to & Coordination of Care

- Participants agreed that it is challenging for individuals to gain access to healthcare services because of the high cost of care, high out-of-pocket expenses, and high deductible requirements.
- Several participants thought the new health plans through the Affordable Care Act (ACA) have high deductibles for preventive services. Individuals may not access these preventative services in order to allocate their limited budget to other needs such as food and rent.
- Participants mentioned individuals need care coordination for the following reasons:
 - Low literacy levels
 - Lack of a care giver/family member
 - Confused and overwhelmed by a complex health system
 - Need home care assistance
 - Complicated health problems
 - Lack of transportation to Nashua for services
- Another concern perceived by participants was that low-income individuals and those with Medicaid coverage face significant barriers to access and coordination because few local providers offer charitable care or accept Medicaid. Requiring low-income residents to seek services in Nashua.

Greater Nashua 2014 Community Health Assessment

Focus Group
Summary
Milford
Professionals &
Residents

April 2, 2014

24 Participants

- Several participants mentioned that people without health insurance or a primary care provider use the emergency room (ER) for their primary health care which can be expensive and inefficient.
- Participants agreed that the ACA is moving the nation in the right direction, but not quickly enough. Several participants feel the ACA has caused insurance coverage gaps for certain income levels. Insurance will remain very expensive for some people. Also, for individuals who do not qualify for the Marketplace subsidy or Medicaid, insurance is still too expensive.

Suggested Needed Resources to Improve Health

- Participants felt that more care coordination in the primary care setting is needed.
- Many participants would like to see more assistance with out-of-pocket expenses, such as copays.
- Several participants suggested the need for more local health care providers to serve low-income individuals.
- Several participants suggested the need for expanded transportation options for individuals living in Milford seeking rides to Nashua providers.
- Many of the participants want to see more businesses offering health insurance options for their employees. Participants thought it would be important to have an educational/awareness campaign to educate the young, uninsured “invincibles”, about the benefits of health insurance coverage.
- All the participants want increased access to home care services for elderly.

Priority Health Issue #2: Substance Abuse & Mental Health

- Participants explained that in their experience it is very difficult for individuals to find providers willing to provide charitable care or to accept Medicaid. One participant said that this area has limited pro bono services available.
- Participants perceive limited access to psychiatric care in this area. People need to travel to Nashua for that type of care. Participants added that counseling services are more available but that residents generally rely on primary care providers for their mental health care.
- Many participants agreed that primary care providers can treat some mental health conditions; however, providers would like to have access to a psychiatrist for consultation in the management of complex mental health conditions.
- A couple of participants thought that the lack of appropriate mental health care can often lead to substance misuse.
- Another participant felt that people are “slipping through the cracks” because of the distances they need to travel to receive adequate care.
- Participants agreed with one another that the schools lack capacity to identify and refer youth with possible mental health issues.

Suggested Needed Resources to Improve Health

- Participants would like to see a greater capacity in the area to serve uninsured and underinsured individuals and children with psychiatric issues.
- Participants think it would be helpful for primary care providers to have information about available resources so they can refer patients to follow-up services or specialists.
- Many of the participants want more mental health coordinators or social workers to help clients follow-up with other resources in the community, navigate insurance paperwork, oversee their adherence to medications, and help locate transportation assistance for appointments.
- Participants want to see more case managers/social workers to support people with mental health issues navigate the system to gain access to the appropriate services.
- All the participants want greater integration of mental health services into primary care.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Greater Nashua 2014 Community Health Assessment

Focus Group
Summary
*Milford
Professionals &
Residents*

April 2, 2014

24 Participants

- Several participants think that more providers in this area need to accept uninsured and Medicaid insured patients.

Priority Health Issue #3: Opportunities for Healthy Living

- Several participants felt the biggest challenge for this area was helping individuals stay healthy. A couple of participants mentioned this area lacks services for nutrition counseling by nutritionists and dietitians.
- One participant was concerned that Medicaid does not cover nutrition counseling.
- Another participant thought it would be a good idea if the business community could play a bigger role in helping people stay active by holding competitions and encouraging employees to take walking breaks.
- Many participants acknowledged the area has many great resources such as farmers' market, community garden, good sidewalks and community trails and the youth sports program.

Suggested Needed Resources to Improve Health

- Participants would like to see more resources and education that encourages the aging population to stay active.
- Participants see a need for more community health education workshops with topics covering healthy eating on a budget and active living at any age. These workshops would be for all ages including families with young children, seniors and individuals with chronic diseases.
- Several participants brought up the idea of establishing a link between medical practices and community resources such as healthy eating workshops and doctors prescribing exercise.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

April 3, 2014

27 Participants
(split between
two groups)

Focus Group with Professionals and Residents in Merrimack

Introduction

In the spring of 2014, the City of Nashua, Division of Public Health and Community Services (DPHCS), St. Joseph Hospital, and Southern New Hampshire Health System partnered to provide the resources needed to conduct the 2014 Greater Nashua Community Health Assessment (CHA). The 21-member CHA Advisory Group included participation from a broad and diverse cross-section of the community. In order to gather information from residents and stakeholders on health issues in the community, they decided to hold three topic-based focus groups for professionals working with specific populations (oral health, aging, and youth behavioral health), and seven focus groups scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and providers. Focus groups scheduled in Milford, Merrimack and Hudson aimed to gather input from residents living in those towns, as well as Amherst, Brookline, Hollis, Litchfield, Lyndeborough, Mason, Mont Vernon, Pelham, and Wilton.

The summary below is from two focus groups with professionals and residents held on April 3, 2014 at St. James United Methodist Church in Merrimack, NH. This is only a snapshot of the experiences, attitudes and beliefs of the participants of the focus group and may or may not be an accurate assessment of the services available or resources needed. The participants were a mix of community leaders, residents, law enforcement, faith community, healthcare providers, parents and school officials from the region.

Priority Areas of Concern

Priority	Identified Concerns
1	Mental Health and Substance Abuse
2	Opportunities for Healthy Living
3	Access to Affordable Health Care
4	Public Transportation between Greater Nashua Communities
5	Domestic Violence

Priority Health Issue #1: Mental Health and Substance Abuse

- Participants agreed that lack of health insurance can be a barrier to receiving treatment for both mental health and substance abuse disorders.
- Participants representing law enforcement said they usually get called for assistance when a person is having a crisis and their options to assist are very limited, especially for juveniles.
- Participants perceive that there are very limited services for youth dealing with mental health issues in this area. The Youth Council is a good resource; however, it is located in Nashua.
- Participants shared that misuse of prescription drugs is a growing problem in this area. A couple of the participants explained that as misuse of prescription drugs increases, heroin is also on the rise as it is cheaper to buy than prescription drugs. These issues put a higher burden on area resources such as the police.
- The participants from primary care said they might be able to expand their mental health services if they knew a psychiatrist was available for consultation, as they are not medically trained to treat the more complex mental health cases.
- Some of the participants felt that there is a social stigma surrounding mental health that can be a barrier to getting help.
- A few of the participants who are parents said they feel isolated and disconnected from community services when seeking help for their child with a mental health condition. One participant did not know where to seek help in this process. Also,

Greater Nashua 2014 Community Health Assessment

Focus Group
Summary
Merrimack
Professionals &
Residents

April 3, 2014

27 Participants
(split between
two groups)

confidentially rules can be a barrier for parents as youth are not completely candid about their symptoms and may not disclose everything to their providers.

- Participants who work in the area schools mentioned that after Facebook issues, such as online bullying, depression and mental health are the major issues in school. Participants said that they do not feel like they have the local resources to refer students and families for professional help when they see a youth appearing to develop a mental health issue or substance abuse problem.
- Several of the participants shared concern regarding the wait time for people to receive treatment and medications, including long waiting lists for appointments with mental health providers, regardless of ability to pay, and the use of the emergency room (ER) when a person needs to be treated for a mental health or a substance misuse condition. Participants explained that sometimes people are discharged from the emergency room because there is no place to put them; but they could still be suicidal. Their perception is that state mental health beds are not readily available and the wait can be up to six days to receive care.
- A couple of participants are concerned with the lack of care coordination for someone who has been discharged from the hospital but has not yet had a therapeutic level of medication or other supports in place, such as a follow-up appointment with a healthcare provider or counselor.

Suggested Needed Resources to Improve Health

- Many of the participants agreed that they would like to see more prevention and awareness programs for youth and parents, such as a Boys and Girls Club in Merrimack.
- A couple of participants mentioned that they would prefer to have accessibility to more mental health services in Merrimack such as case management, patient navigators and family counseling, rather than traveling to Nashua for these services
- Several of the participants perceive a need for more beds at local psychiatric facilities and more psychiatrists, especially for special populations such as youth and seniors.
- Many of the participants felt strongly that mental health care needs to be integrated with primary care. This includes mental health professional consultation for primary care providers (PCPs) so they can treat more patients in their practice, as well as access to psychiatrists for mental health evaluation and treatment plans for the PCPs to use in follow-up care.
- Participants thought more education is needed for school staff, law enforcement, parents, and medical providers on recognizing the early warning signs of mental illness and substance misuse/abuse and intervention strategies.

Priority Health Issue #2: Opportunities for Healthy Living

- Several participants expressed a need for programs in schools to emphasize healthy eating and active living.
- All the participants would like to see more youth organizations in this area, including a Boys and Girls Club and organizations like the YMCA, as well as more affordable team sports for youth and adults. One participant mentioned that the green space and trails are great they just need to be expanded and better utilized.
- A couple of participants mentioned they would like to see more affordable fitness centers for families similar to the YMCA.
- Several of the participants would like more sidewalks. One participant mentioned that federal grants for sidewalks are accessed as much as possible by the Town of Merrimack.
- Participants perceive a lack of resources to educate families on how to prepare easy, nutritional meals.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Greater Nashua 2014 Community Health Assessment

Focus Group
Summary
Merrimack
Professionals &
Residents

April 3, 2014

27 Participants
(split between
two groups)

- A couple of participants said that the rural nature of Merrimack means people need to rely on their cars to access services (e.g. both the grocery store and the YMCA are a 20- minute drive.)

Suggested Needed Resources to Improve Health

- Participants would like to see a farmers' market during the weekend or after work not just during a weekday.
- All the participants think a more affordable grocery store in Merrimack would be helpful. It was mentioned that the one in town is too expensive and it takes 20-25 minutes in either direction to get to another grocery store.

Priority Health Issue #3: Access to Affordable Health Care

- All the participants felt that more affordable healthcare and health insurance is needed in this area. This includes affordable co-payments and deductibles for services and prescriptions and lab work. One participant explained that if health insurance is not through an employer, the cost for insurance is too great for a family/individual to afford.
- Several participants perceive a need for affordable dental care in this area. One participant said that "dental care is a gateway to good health." People without dental care will have more health issues such as heart disease or diabetes. Another participant, who is a dentist, said that Medicare/Medicaid only reimbursed for extractions, so people are not having the preventive work done that is needed to maintain proper oral health. Also, participants mentioned that someone with a toothache and no insurance goes to the emergency room (ER) for care even if what they really need is an oral surgeon.
- Another issue with oral health that was brought up by participants was the limited number of dentists who accept children covered by Medicaid.
- Many of the participants said that there is a lack of public transportation to medical facilities for residents who need routine care. They reported that transportation services are only available for elderly and people with disabilities, and it must be scheduled ahead of time. They said there are no transportation services to help with an urgent care situation.
- Several of the participants felt that accessing services in general can be long and complicated. The application process for caregiver and home health services and prescription assistance can be confusing.
- Several of the participants perceived that hospitals have eliminated their 55+ health screening, but limited services still exist for blood pressure and hearing screenings.
- One participant explained that NH has a lot of great programs to help people, but it is a "patchwork" with no central way of helping people get the services they need, only "lots of referrals to everything."

Suggested Needed Resources to Improve Health

- Participants would like to see more assistance with filling out forms correctly to receive services, such as Supplemental Nutrition Assistance Program (SNAP), Medication Bridge program and Medicaid/Medicare forms.
- A couple of participants want to see an increase in 55+ health screenings.
- Many of the participants want public transportation for residents, not just seniors and people with disabilities.
- Several participants would like to have more providers in the Merrimack area so they do not have to travel to Nashua.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Greater Nashua 2014 Community Health Assessment

Focus Group Summary *Hudson Professionals*

April 22, 2014

2 Participants

Focus Group with Hudson Professionals

Introduction

In the spring of 2014, the City of Nashua, Division of Public Health and Community Services (DPHCS), St. Joseph Hospital, and Southern New Hampshire Health System partnered to provide the resources needed to conduct the 2014 Greater Nashua Community Health Assessment (CHA). The 21-member CHA Advisory Group included participation from a broad and diverse cross-section of the community. In order to gather information from residents and stakeholders on health issues in the community, they decided to hold three topic-based focus groups for professionals working with specific populations (oral health, aging, and youth behavioral health), and seven focus groups scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and providers. Focus groups scheduled in Milford, Merrimack and Hudson aimed to gather input from residents living in those towns, as well as Amherst, Brookline, Hollis, Litchfield, Lyndeborough, Mason, Mont Vernon, Pelham, and Wilton.

The summary below is from the focus group held on April 22, 2014 at Rodgers Memorial Library in Hudson, NH with professionals from the area. This is only a snapshot of the experiences, attitudes and beliefs of the participants of the focus group and may or may not be an accurate assessment of the services available or resources needed. Both of the participants were healthcare providers from the region.

Priority Areas of Concern

Priority	Identified Concerns
1	Access to Mental Health
2	Transportation
3	Access to Affordable Health Care

Priority Health Issue #1: Access to Mental Health

- Participants perceive there to be a lack of providers in the greater Nashua region which means individuals have to rely on Nashua or another big city for care.
- Both participants have experienced treating complex mental health issues in their primary care practices and said they do not feel comfortable prescribing some medications. Also, one participant added that mental health clients require comprehensive evaluations which are time consuming and the more complicated cases require expertise that primary care providers do not always have.
- Participants discussed and agreed with one another that there seems to be limited resources to respond to mental health crises during off business hours i.e. evenings and weekends. Both participants shared concern that individuals having a mental health crisis off hours use the emergency room (ER). At this time, participants do not think the ER has the 24/7 staff or infrastructure to deal with people with mental health and substance abuse disorders.

Suggested Needed Resources to Improve Health

- Both participants would like to have access to more mental health professionals within their community, not just in Nashua, who can prescribe medications for complex mental health issues.
- The participants felt it would be helpful to have an ongoing, updated list of local resources such as detox programs, AA meetings, treatment programs and adolescent health programs for them to refer to when needed.
- The participants spoke at length regarding the importance of increasing salary rates for mental health providers as they see a high turnover rate in their communities. Although, both participants agreed that the high turnover rate is seen nationally and is not just an issue for the greater Nashua region.
- One participant thought it would be helpful if mental health providers were placed on round the clock call at the local emergency room.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560
www.nashuanh.gov

Greater Nashua 2014 Community Health Assessment

Focus Group
Summary
Hudson
Professionals

April 22, 2014

2 Participants

- Participants would like to see improvement around the stigma towards mental health. Both felt that some people in their community do not seek help early enough because they are worried about what others may think.

Priority Health Issue #2: Transportation

- One of the participants said that a big issue for this area is the lack of public transportation to get to Nashua. It was mentioned that the Souhegan Valley area has Souhegan Valley Rides that provides on demand transportation to the residents in Amherst, Brookline, Hollis and Milford. Participants would like something similar to serve towns east of Nashua.
- Participants say the lack of transportation is especially difficult for home bound elderly adults and teenagers wanting to go somewhere. One participant said, "Kids get bored and start to get into trouble."
- Both participants agreed that Hudson and Pelham have plenty of great opportunities for youth to participate in productive activities, but no public transportation to get them from one place to the next.
- Participants perceive that this part of the state (east of Nashua) is not walkable and very rural. They agreed that this can lead to a sedentary lifestyle for some residents.

Suggested Needed Resources to Improve Health

- Participants would like towns east of Nashua to identify locations with the greatest transportation needs and try to coordinate routes to Nashua and other local areas for appointments.

Priority Health Issue #3: Access to Affordable Health Care

- Participants discussed how high insurance deductibles deter their patients from getting needed tests. One participant explained how private insurance companies are changing what is covered (e.g. blood tests and screenings) and this can be confusing for patients who might have had it covered previously.
- Participants discussed how access to affordable health care has improved for people who are low-income, but said these resources are not available for people who are in the middle class. The middle class can end up with high deductibles and may be on their own to cover expensive medical care.
- Participants mentioned that more and more of their patients who are self-employed or small business owners have catastrophic health plans which have high deductible costs. The participants are worried that these patients may not come in for their preventive care.

Suggested Needed Resources to Improve Health

- Participants would like to see more affordable insurance options for the self-employed and small business owners.
- Participants want to have more affordable healthcare and health insurance for everyone because "Healthcare isn't a want. It is a need."

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Greater Nashua 2014 Community Health Assessment

Focus Group Summary *Residents of Nashua*

March 27, 2014
April 16, 2014

19 Participants

City of Nashua,
Division of Public
Health and
Community
Services
18 Mulberry St.
Nashua, NH
603-589-4560
www.nashuanh.gov

Focus Group with Residents of Nashua

Introduction

In the spring of 2014, the City of Nashua, Division of Public Health and Community Services (DPHCS), St. Joseph Hospital, and Southern New Hampshire Health System partnered to provide the resources needed to conduct the 2014 Greater Nashua Community Health Assessment (CHA). The 21-member CHA Advisory Group included participation from a broad and diverse cross-section of the community. In order to gather information from residents and stakeholders on health issues in the community, they decided to hold three topic-based focus groups for professionals working with specific populations (oral health, aging, and youth behavioral health), and seven focus groups scheduled in the towns of Nashua, Milford, Merrimack, and Hudson with a combination of residents, key leaders, and providers. Focus groups scheduled in Milford, Merrimack and Hudson aimed to gather input from residents living in those towns, as well as Amherst, Brookline, Hollis, Litchfield, Lyndeborough, Mason, Mont Vernon, Pelham, and Wilton.

The summary below is from two focus groups held with area residents on March 27 and April 16, 2014 at Nashua High School South and Nashua High School North.. This is only a snapshot of the experiences, attitudes and beliefs of the participants of the focus group and may or may not be an accurate assessment of the services available or resources needed.

Priority Areas of Concern

Priority	Identified Concerns
1	Opportunities for Healthy Living
2	Substance Abuse & Mental Health
3	Access to & Coordination of Care
4	Safe Community & Built Environment
5	Safe & Affordable Housing

Priority Health Issue #1: Opportunities for Healthy Living

- Participants perceive a limited availability of affordable produce, sidewalks and access to athletic fields.
- Participants voiced their concern that the organized sports programs that exists cost a great deal for both adults and children. They agreed the programs were great but are not accessible for all.
- Participants said the existing sports programs are during inconvenient times for working parents, and not offered on weekends or after work. This causes many to miss their children's games or practices.
- Several participants think the French Hill neighborhood is lacking a recreational facility and safe sidewalks.
- A couple of the participants felt that their neighborhoods are unsafe for their children to play outside. Most participants agreed that many neighborhoods in Nashua are not walkable and are perceived to be unsafe for pedestrians due to no sidewalks.
- All the participants agreed that the "at-risk" community lives downtown on the "inside of the highway" and services are moving "outside of the highway" where people who are low-income cannot walk such as the YMCA, DHMC, unemployment office and grocery stores.
- Many of the participants agreed that Nashua has several nice parks and walking paths, but there is a perception that they are not as safe as they once were. Also, a couple of participants thought the playground equipment in the parks was not well maintained.
- Participants would like to see more promotion of the many healthy activities in the area.

Greater Nashua 2014 Community Health Assessment

Focus Group Summary *Residents of Nashua*

March 27, 2014
April 16, 2014

19 Participants

Suggested Needed Resources to Improve Health

- Participants would like more affordable athletic programs and more scholarships for youth.
- Participants want resources and organizations brought back into the downtown, “inside of the highway”.
- Participants recommend that a directory of healthy activities be created with ideas for families, children and seniors.
- Participants think that Nashua should better promote the activities taking place in the parks.

Priority Health Issue #2: Substance Abuse & Mental Health

Note: participants did not fully explore this priority due to time limitations

- Participants perceive a lack of a treatment facility in the area for co-morbidity drug abuse and mental health issues.
- Participants see mental health services as the least accessible type of service. It needs to become a priority.
- Participants agree that there is a growing issue with abuse of prescription drugs; once addicted, people turn to street drugs as they are cheaper.
- Many of the participants described the mental health and substance abuse system as reactive.
- Several participants commented on the long waiting lists to receive care in the community for mental health and substance abuse issues. A couple of participants felt that assistance does not exist until someone is in a crisis.
- Participants perceive that there are limited services available outside of business hours, for example evenings and weekends.
- Many participants felt that the mental health and substance abuse approach is “treat them and street them”.
- Participants voiced concern with the high number of people using tobacco and the easy access of cigarettes for youth at certain stores.
- There is a perception among participants that the community has few opportunities for prevention and family education.

Resources Needed

- Participants see a need for 24/7 access to mental health evaluation services; not just during business hours.
- Participants said NH needs stricter state policies and laws related to prescriptions drugs.
- Participants think there needs to be a greater enforcement of laws pertaining to drug dealers.
- Participants suggested promotion to the public of substance abuse and mental health resources.
- Participants want more prevention education and activities for youth, especially high school aged teens and young adults.

Priority Health Issue #3: Access to & Coordination of Care

Note: participants did not fully explore this priority due to time limitations

- Participants perceive a need for assistance accessing the right care at the right time.
- One participant would like better information on the background of professionals, more transparency about the provider’s treatment and costs, and better care coordination to know where to go for the best care in this area. Several participants expressed concern about the number of appointments required and their associated costs. A few participants brought up the issues of accessibility and affordability of care for people who lack health insurance.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov

Greater Nashua 2014 Community Health Assessment

Focus Group Summary *Residents of Nashua*

March 27, 2014
April 16, 2014

19 Participants

- A couple of participants see a need for more transportation to medical appointments, not just for the elderly and disabled.
- Many of the participants were concerned about the affordability of dental care for children and adults in this area.
- One participant would like to see more resources available for patients with autism.
- A couple of participants were concerned about the growing issue of Lyme disease. They perceive a need for more prevention & awareness of this disease as well as better access to testing for Lyme. Participants want both medical professionals and insurance carriers to send a consistent message about Lyme disease.
- Several of the participants feel there is a need for more health clinics to reduce the wait time to see a provider.

Suggested Needed Resources to Improve Health

- Participants agreed that it would be great if they could receive all their care in one location.
- Several participants would like to see better public transportation to medical facilities.

City of Nashua,
Division of Public
Health and
Community
Services

18 Mulberry St.
Nashua, NH
603-589-4560

www.nashuanh.gov